

**PATENT**

Attorney's Docket No. 2942B/R



**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

[x] original      [ ] design      [ ] supplemental  
[ ] divisional      [ ] continuation      [ ] continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

PARTIALLY DEHYDRATED REACTION PRODUCTION, PROCESS FOR MAKING  
SAME, AND EMULSION CONTAINING SAME

**SPECIFICATION IDENTIFICATION**

the specification of which: (*complete (a) or (b)*)

(a)    [ ]    is attached hereto.

(b)    [X]    was filed on January 24, 2000 as [ ] Serial No. 0 / \_\_\_\_\_  
or [x] Express Mail No. EJ887878564US, as Serial No. 0 / \_\_\_\_\_ and  
was amended on \_\_\_\_\_ (*if applicable*).

## **ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

## **POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

David M. Shold, 31,664  
Samuel B. Laferty, 31,537  
Beverly A. Pawlikowski, 36,404  
Neil A. DuChez, 26,725

Michael F. Esposito, 29,506  
Joseph P. Fischer, 31,758  
James L. Cordek, 31,807

### **SEND CORRESPONDENCE TO**

THE LUBRIZOL CORPORATION  
Patent Dept. - Patent Administrator  
29400 Lakeland Boulevard  
Wickliffe, Ohio 44092-2298

### **DIRECT TELEPHONE CALLS TO:**

Neil A. Duchez  
(216) 621-1113.

## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor Brian B. Filippini  
Brian B. Filippini  
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Brian B. Filippini  
Date 2/3/2000 Country of Citizenship USA  
Residence Mentor, Ohio 44060

Post Office Address 5800 South Winds Drive, Mentor, Ohio 44060

Full name of second joint inventor, if any Richard M. Lange  
Richard M. Lange  
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Richard M. Lange  
Date 2/3/2000 Country of Citizenship USA  
Residence Euclid, Ohio 44124

Post Office Address 155 E. 207th Street, Euclid, Ohio 44124

Full name of third joint inventor, if any Bryan A. Grisso  
Bryan A. Grisso  
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Bryan A. Grisso  
Date 2/3/2000 Country of Citizenship USA  
Residence Wickliffe, Ohio 44092

Post Office Address 744 Brynmawr Avenue, Wickliffe, Ohio 44092

Full name of fourth joint inventor, if any Bryn Hird  
Bryn Hird  
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship Great Britain  
Residence Cincinnati, Ohio 45247

Post Office Address 8519 Eagle Creek, Cincinnati, Ohio 45247

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART  
OF THIS DECLARATION

[ ] Signature for fifth and subsequent joint inventors. Number of pages added \_\_\_\_\_.

Added pages to combined declaration and power of attorney for divisional, continuation, or  
continuation-in-part (CIP) application or for claiming priority from a provisional application.

[ ] Number of pages added \_\_\_\_\_.

[ x] This declaration ends with this page

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Brian \_\_\_\_\_ B. \_\_\_\_\_ Filippini  
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship USA  
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Post Office Address 5800 South Winds Drive, Mentor, Ohio 44060

Full name of second joint inventor, if any Richard M. Lange  
Richard \_\_\_\_\_ M. \_\_\_\_\_ Lange  
(Given Name) (Middle Initial or Name) Family (or Last Name)

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Date \_\_\_\_\_ Country of Citizenship USA  
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Post Office Address 155 E. 207th Street, Euclid, Ohio 44124

Full name of third joint inventor, if any Bryan A. Grisso  
Bryan \_\_\_\_\_ A. \_\_\_\_\_ Grisso  
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_ Country of Citizenship USA  
Residence Wickliffe, Ohio 44092

Post Office Address 744 Brynmawr Avenue, Wickliffe, Ohio 44092

Full name of fourth joint inventor, if any Bryn Hird  
Bryn \_\_\_\_\_ B. 02/04/2000 Hird  
(Given Name) (Middle Initial or Name) Family (or Last Name)

Inventor's signature Bryn Hird  
Date \_\_\_\_\_ Country of Citizenship Great Britain  
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Post Office Address 8519 Eagle Creek, Cincinnati, Ohio 45247

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